

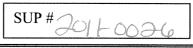
SUP # 2011-0026

Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 2855 Da	KESE. Alexandera Va			
ZONE: CL TAX MAP REFERENCE: 062-03-0A-039 ²²³ /4				
APPLICANT'S INFORMATION:				
Applicant: Melinia NAFF	Business/Trade Name: MON SANCTUAIRE			
Address: 2855 Dake St. alexandria Va 2314				
Phone: 703-304-4537 Email: MNAFF@ COF, NET				
PROPOSED USE:				
[] Day Care Center	[] Restaurant			
[] Light Auto Repair	[] Outdoor Dining (exclude King Street Retail Overlay)			
[] Overnight Pet Boarding	[] Live Theater			
[] Outdoor Garden Center	[] Outdoor Food and Crafts Market Center			
[] Catering Business	[] Outdoor Display			
[] Valet Parking	Massage Establishment			
Please read and sign after the statement: I have read and understand the general standards and the requirements for the use for which I am applying and have attached the Worksheet for the use. Signature:				
Please submit the following with this application form: <u>Site Plan</u> At a minimum, show and label the subject property, surrounding buildings, and streets. Show, label and give dimensions for all parking spaces, entrances and exits, and trees and shrubbery.				
Floor Plan At a minimum, show and label all interim features inside and outside seats, tables, counters, equipment, etc. as appropriate to the use. Show, label and give dimensions for all entrance and exit doors and windows, rooms/areas, staircases, elevators and bathrooms.				
Worksheet for specific use from Checklist and Worksheet package.				

Other materials, as required by specific use (see Guide to Administrative SUPs Checklist & Worksheets).



PROPERTY OWNER'S AUT As the property owner, I hereby grant the applicant use of	and the second s		
address), for the purposes of operating a	establishment (use) business as		
described in this application. \bigcirc	•		
I also grant permission to the City of Alexandria to visit, insproperty.	pect, photograph and post placard notice on my		
Name: COGIKOBI Varitures, UC	Phone 703-827-7805		
Address: 8410 Old Dominion Drive McLista, VA 22102	Phone 703-827-7805 Email: fbux encl. com		
Signature:	Date: 4/14/11		
1. The applicant is the (check one): [] Owner [] Contract Purchaser [] Lessee or [] Other: of the subject property. State the name, address and percent of ownership of any person or entity owning an interest in the applicant or owner, unless the entity is a corporation or partnership, in which case identify each owner and the percent of ownership.			
If property owner or applicant is being represented by realtor, or other person for which there is some form of c in which the agent is employed have a business license to [] Yes. Provide proof of current City business license	ompensation, does this agent or the business		
[] No. The agent shall obtain a business license prior to filing application, if required by the City Code.			

USE CHARACTERISTICS

2.	Please give a brie	f statement describing the use:					
	marchae 110 in 111 Ch 26 Date o						
	MASSASE / JACIANS GO BE PERSONNER						
	EXE GSTAGICIAN FRATE WAXING						
3.	Please describe th	ne proposed hours of operation:					
٠.	ricase aesoriae a	e proposed fields of operation.					
	Days	Hours					
	Daily						
	·	for each day of the week					
	Monday						
	Tuesday Wednesday	11-8					
	Thursday	11-8					
	Friday	11-6					
	Saturday	11-5					
	Sunday	11-4:30					
4.	Plansa dasarih	e the capacity of the proposed use:					
7.	riease describ	e the capacity of the proposed use.					
	A. How many	patrons, clients, pupils and other such users do you expect? Specify time					
	period (i.e.	, day, hour, or shift).					
	MAUIIM	1 DOLENT DED DALL					
		of official year and					
	B. How many	employees, staff and other personnel do you expect?					
		e period (i.e., day, hour, or shift).					
1,60	ntho al .	1 1/2					
ا ا ارتهان	Traga G	to 4 proplewill BE supleyed-only					
9 29 3	ONE Therep	Isl at a the lary will BE There of one					
5.	A. How many	parking spaces of each type are provided for the proposed use:					
		13 Shaped with the proposed use: ADMIN					
		Handicapped accessible spaces A part +m.					
		Other Price					
		Other					

Information requested for location:

Mon Sanctuaire 2855 Duke Street Alexandria, Va. 22314

The space includes one treatment room with a waiting area and bath room.

Services offered: Massage-facials-facial waxing only

I will be the only one offering skin care services, the other two therapists will be offering massage only.

Hours and days:

Monday 11-7 Tuesday 11-8 Wed. 11-8 Thur. 12-8 Friday 11-6 Sat and Sunday 11-4:30

I expect to have no more than 3 therapists working at the location and that includes myself.

Only one therapist will be working a time.

Thank you,

Melinda Naff 703-304-6537

SUP	#2011-0026

B.	Please give the number of: Parking spaces on-site Parking spaces off-site
If th	e required parking will be located off-site, where will it be located?
Plea	se provide information regarding loading and unloading for the use:
A.	How many loading spaces are available for the use?
В.	Where are off-street loading spaces located?
C.	During what hours of the day do you expect loading/unloading operations to occur?
D.	How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate?
clea stor	ny hazardous materials or organic compounds (for example paint, ink, lacquer thinner, or ning or degreasing solvent), as defined by the state or federal government, be handled, ed, or generated on the property, provide the name, monthly quantity, and specific osal method below:

SUP # 2011-0026

APPLICANT'S SIGNATURE

Fax: _____

Please read and initial each statement:	
Initial: MN THE UNDERSIGNED, hereby applies for a Sprovisions of Article XI, Section 11-500 of the 1992 Zoning C	Ordinance of the City of Alexandria, Virginia.
Initial: THE UNDERSIGNED, hereby attests that all specifically including all surveys, drawings, etc., required correct and accurate to the best of their knowledge and be any written materials, drawings or illustrations submitted in oral representations made to the Director of Planning and the applicant unless those materials or representations illustrative of general plans and intentions, subject to s Section 11-207(A)(10), of the 1992 Zoning Ordinance of the	to be furnished by the applicant are true, elief. The applicant is hereby notified that a support of this application and any specific Zoning on this application will be binding on are clearly stated to be non-binding or ubstantial revision, pursuant to Article XI,
MElinga K. NAFF Print Name of Applicant or Representative	
Phelie X. NAFF	4-15-11
Signature Date	
If this application is being filed by someone other than the attorney), please provide the information below:	business owner (such as an agent or
Representative's Address:	TOTAL BEATER
Phone:	
Email:	

